

<i>SERFF Tracking Number:</i>	<i>MUTA-125824906</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>40315</i>
<i>Company Tracking Number:</i>	<i>LORI CWACH</i>		
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 MoO PreStandardized Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2009 Annual Rate Filing/</i>		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2009 MoO PreStandardized Medicare Supplement SERFF Tr Num: MUTA-125824906 State: ArkansasLH

TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed State Tr Num: 40315

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: LORI CWACH State Status: Approved-Closed

Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Lori Cwach	Disposition Date: 10/16/2008
	Date Submitted: 09/22/2008	Disposition Status: Approved

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Annual Rate Filing

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 6.5%

Filing Status Changed: 10/16/2008

State Status Changed: 10/16/2008

Corresponding Filing Tracking Number:

Filing Description:

2009 Annual PreStandardized Medicare Supplement Annual Loss Ratio and Rate Adjustment Filing

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

This filing demonstrates loss ratio compliance and requests approval for the attached rates. The actuarial memorandum and certification support the request for a 6.5% increase. The proposed implementation date is March 1, 2009.

SERFF Tracking Number: MUTA-125824906 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 40315
 Company Tracking Number: LORI CWACH
 TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-
 Standardized Standardized
 Product Name: 2009 MoO PreStandardized Medicare Supplement
 Project Name/Number: 2009 Annual Rate Filing/

Company and Contact

Filing Contact Information

Lori Cwach, Actuarial Analyst I lori.cwach@mutualofomaha.com
 Rating Department (402) 351-4249 [Phone]
 Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-2304 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 For Pre-Standardized
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	09/22/2008	22639592

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<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>40315</i>
<i>Company Tracking Number:</i>	<i>LORI CWACH</i>		
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 MoO PreStandardized Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2009 Annual Rate Filing/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	10/16/2008	10/16/2008

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<i>Company Tracking Number:</i>	<i>LORI CWACH</i>		
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<i>Product Name:</i>	<i>2009 MoO PreStandardized Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2009 Annual Rate Filing/</i>		

Disposition

Disposition Date: 10/16/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 6.5% rate increase to be implemented on or after March 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>	<i>LORI CWACH</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2009 MoO PreStandardized Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2009 Annual Rate Filing/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Rates09	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates09	H66, M101, M115, M133, M156, M3, M4, M6, MD42, 32CMO, 59CMO, 3562M, 3563M, 3564M, 3565M, 24310, 24311	New		AR RATE SUMMARY.pdf AR RATES09.pdf

**MUTUAL OF OMAHA INSURANCE COMPANY
PRE-STANDARDIZED MEDICARE SUPPLEMENT
ARKANSAS**

<u>FORM</u>	<u>DATE</u>	<u>APPROVED</u>	<u>REVISED RATE SCHEDULE</u>	
H66	08/30/1982	H66	AR BASE RATE	0007
M101	09/19/1985	M101	AR BASE RATE	0007
M115	12/05/1988	M115	AR BASE RATE	0007
M133	12/05/1988	M133	AR BASE RATE	0007
M156	05/07/1990	M156	AR BASE RATE	0007
M3	06/08/1982	M3	AR BASE RATE	0007
M4	02/13/1985	M4	AR BASE RATE	0007
M6	06/08/1982	M6	AR BASE RATE	0007
32CMO	05/21/1981	32CMO	AR BASE RATE	0007
3562M (50VB)	09/25/1975	3562M (50VB)	AR BASE RATE	0007
3563M (50VB)	09/25/1975	3563M (50VB)	AR BASE RATE	0007
3564M (51VB)	09/25/1975	3564M (51VB)	AR BASE RATE	0007
3565M (51VB)	09/25/1975	3565M (51VB)	AR BASE RATE	0007
59CMO	05/21/1981	59CMO	AR BASE RATE	0007
ATMSB	03/13/1986	ATMSB	AR BASE RATE	0008
ATMSE	03/13/1986	ATMSE	AR BASE RATE	0008
MD42	11/10/1986	MD42	AR BASE RATE	0007

Schedule of Monthly Rates
For Policy Form H66 - Arkansas

Attained
Age

65&Over 672.13

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M101 - Arkansas

Attained
Age

65&Over 246.54

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M115 - Arkansas

Attained
Age

65&Over 243.83

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M133 - Arkansas

Attained
Age

65&Over 243.91

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M156 - Arkansas

Attained
Age

65&Over 239.38

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M3 - Arkansas

Attained
Age

65&Over 701.26

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M4 - Arkansas

Attained
Age

65&Over 485.15

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form M6 - Arkansas

Attained
Age

65&Over 331.91

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form 32CMO - Arkansas

Attained
Age

All 828.45

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Rider Form 3562M - Arkansas
When Attached to Policy Form 50VB

Attained
Age

All 212.47

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Rider Form 3563M - Arkansas
When Attached to Policy Form 50VB

Attained
Age

All 230.63

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Rider Form 3564M - Arkansas
When Attached to Policy Form 51VB

Attained
Age

All 212.47

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Rider Form 3565M - Arkansas
When Attached to Policy Form 51VB

Attained
Age

All 230.63

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form 59CMO - Arkansas

Attained
Age

All 451.82

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form ATMSB - Arkansas

Issue Age

65-69	134.23
70-74	134.23
75-79	134.23
80-84	134.23

Schedule of Monthly Rates
For Policy Form ATMSE - Arkansas

Issue Age

65-69	506.97
70-74	506.97
75-79	506.97
80-84	506.97

Schedule of Monthly Rates
For Policy Form MD42 - Arkansas

Attained
Age

All 265.81

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.